

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22120  
6295

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St Louis* (No.....)

Registration District No. **79Y**  
Primary Registration District No. **1003**  
City *Hospital*

File No.....  
Registered No. **6295**  
Sl..... Ward)

**2. FULL NAME**

*Herbert Landzettel*  
(a) Residence No. *5309 Sutherland St* 14 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 30 - 1894*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*33 11 17*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Auto Mechanic*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St Louis*  
(STATE OR COUNTRY) *Missouri*

PARENTS

10. NAME OF FATHER *Antone Landzettel*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St Louis*  
(STATE OR COUNTRY) *Missouri*

12. MAIDEN NAME OF MOTHER *Frederica Schmidt*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St Louis*  
(STATE OR COUNTRY) *Missouri*

14. INFORMANT *Frederica Landzettel*  
(Address) *5309 Sutherland Ave*

15. FILED *LN 13 1928* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 11 1928*

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... *4:25 a*.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis*

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. W. Kerner, M.D.*

*6/20/28* (Address) *Dep. Coroner*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

*Calvary Cemetery* *6/14 1928*

20. UNDERTAKER ADDRESS

*Arthur J. Dornelly* *2039 Wash St*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. B.---Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a name or title.

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